

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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A GYNECOLOGICAL WAR.

There is a row in the Woman's Hospital in New York; not among its inmates, who are kept in better control, but the surgical staff indulges in some professional hair-pulling. Fain would we cough the matter by. Glad enough would we be if some influential friend would beg us to suppress names, pleading youthful indiscretion; but the parties have long since passed the climacteric, and themselves rush madly into print.

The once happy family which constituted the surgical staff of the New York Woman's Hospital consisted of Dr. Sims, Dr. Peaslee, Dr. Thomas, and Dr. Emmet; names which, at any rate before the late prolapsus, stood highest in the uterine annals of America. The youthful gynecologist, as he viewed the womb of futurity through the speculum of his hopes, pictured a fame like unto that of these giants.

Dr. Sims was the founder of the hospital; that is, he was the chief agent in securing the necessary public and private assistance to put the institution on its legs, and was a member of the surgical staff till November, 1874, when he resigned under unpleasant circumstances. The outwardness of the affair was this: In January of the year in question the board of hospital governors decided that uterine cancer should not be admitted to the wards of the hospital, and that not more than fifteen spectators should be present at any operation performed within its walls. At the annual meeting of the board and officers of the hospital Dr. Sims severely denounced the conduct of the governors in imposing these restrictions, and threatened to resign unless they were rescinded. They

were not rescinded, and he did resign. No doubt the matter made some local stir at the time. It has only, however, become a national affair of late.

Last fall the enterprising editor of the Virginia Medical Monthly magazine conceived the idea of furnishing his readers with sketches of living professional celebrities. It was a dangerous experiment. "Count no man happy until he is dead," said Solon; and had he been questioned more closely, he would have added, "and write no doctor's biography till he is well under." Mr. Henri Stuart, of New York, furnished the first of the series, a sketch of Dr. Sims. He obtained the matter from Dr. Sims himself, by the aid of a stenographer. It was molded in a florid style, and transmitted to the Virginia magazine, and appeared in the January, 1877, number, preceded with a steel engraving of Dr. Sims. It was evidently considered by the editor of that excellent periodical to be what the proprietor of the American Medical Bi-weekly would style a *chevaux-de-frise* of journalism, and was the offering of pride and love. It was the innocent cause, however, of the present war. When Mr. Henri Stuart submitted the manuscript of the sketch to Dr. Sims it contained an account of his resignation or removal from the Woman's Hospital, which was erased by Dr. Sims, and did not appear in the Virginia Monthly; but at a subsequent period, during the absence of Dr. Sims, Mr. Henri Stuart republishes the *full* sketch in the Eclectic Magazine, in which the direct charge of treachery is made against Drs. Emmet, Peaslee, and Thomas.

Upon the appearance of this sketch the three gentlemen against whom the charge

is made publish a circular, in which they declare that Dr. Sims originally acquiesced in the restrictions imposed by the governing board; that his action at the anniversary meeting was independent and wholly unlooked for; and that the charges that they had urged him to the course, and then deserted him, were "unqualifiedly false;" also that Dr. Sims was a martyr of his own making.

Dr. Sims comes back at them in a pamphlet of twenty-four pages, wherein he says many things. He says doctors' quarrels are disgraceful; that "unqualifiedly false" is not in his vocabulary; that his training has put him above that sort of talk, etc.; that he is sorry for his late confrères, whom he proceeds to scalp. He accuses them of cowardice in attacking him just upon the eve of his intended departure for Europe, which all the world knew was set for the 19th of May, but which his honor now demands shall be postponed. He relates his connection with the foundation of the Woman's Hospital; the attachment of Mr. Henri Stuart to him; the circumstance of the sketch for the Virginia magazine; the appearance of the suppressed portion in the Eclectic Magazine during his absence and without his knowledge; the indiscretion, the obstinacy of his friend, the truthfulness of whose charges, however, he proceeds to defend. He says he did protest against the action of the governing board to his associates; that he regretted the time and manner in which he brought the protest before the board; that he sufficiently apologized for his indiscretion; that though his word was out, and he was obliged to tender his resignation, he relied upon the magnanimity of the board and the influence of his colleagues not to have it accepted; that one was wanting and the other was coldly exerted, and that he was virtually turned out of the institution which he had founded; and, worst of all, he discovered later that his associates in the medical board were opposed to him, and desired his resignation to be accepted. His pamphlet closes with statistics showing

his success as an operator. Here the controversy rests for a while, of course to be followed by another paper from Drs. Emmet, Peaslee, and Thomas.

It may be asked why we devote so much space to an account of this difficulty away off in New York. One reason is, it is a matter occasioning considerable talk, and the journal wishes to give its readers the news. There is some moral, also, to be drawn from the tale. Here are gentlemen confessedly at the head of their branch of the profession disagreeing like ordinary provincial folks. Upon the question of veracity which exists between them it would be difficult to decide. As men of individual honor they stand equally before the country. The profession generally regretted Dr. Sims's retirement from the Woman's Hospital; and opinion may be divided, on the statements as yet published, as to the wisdom, to say nothing of the generosity, of the governing board. It is exceedingly hard to understand why the apology of a gentleman for a single indiscretion was not accepted; and we at least are slow to believe the base treachery imputed to Drs. Emmet, Thomas, and Peaslee. But one thing is certain—there has been a little vanity and desire for notoriety upon the part of one of the actors in this affair which is to be censured. It seems to us there is a way of checking the obstinacy of the most inveterate Boswell, and it certainly does not lie in putting him in the possession of certain statements and opinions, and telling him afterward not to use them. Dr. Sims says the foundation of the controversy is the circular of his colleagues. In this he clearly errs. The circular was the natural sequence of his biographer's charges. We quite agree with him that the expression "unqualifiedly false" weakened, to a considerable extent, the force of that document; but we do not think the case of Dr. Sims is as strong as it was a year ago.

IN spite of the petitions of the Scotch students, in spite of slurs on London sur-

gery, in spite of Prof. Blackie's effusion, Lister is going to King's College. The "southron's golden snare," or something or other, has been too much for the canny Scot; but he comes like a conqueror when he does come. The Press and Circular says:

"The Committee of King's College Hospital certainly seems to have accepted Professor Lister at his own valuation, and, as that personal assessment is pretty high, it must be assumed that at least these gentlemen have become somewhat dazed by the contemplation of their being patronized by the learned Scotchman. The professor has not condescended to shed his light on London surgery, except on terms of unmistakable humiliation to the vanquished. He stipulates that he is to have two wards, preserved by a special house-surgeon, for himself, and this head game-keeper is to be nominated by himself from Scotland. The professor is certainly a surgeon of much ability, but we doubt that any medical practitioner in the universe is deserving of the grovelling adoration which the King's College Committee are proud to display."

Original.

REPORT ON MATERIA MEDICA.

[Read before the Kentucky State Medical Society.]

BY LUNSFORD P. YANDELL, JR., M. D.,
Professor of Therapeutics and Clinical Medicine, University of Louisville.

It is my purpose to offer a few thoughts on certain drugs which occupy considerable space in the medical literature of to-day and of the immediate past.

Bromide of potash, carbolic acid, chloral, grindelia robusta, damiana, jaborandi, eucalyptus globulus, nitrite of amyl, guarana, and salicylic acid, comprise the list of medicines of which I shall speak.

BROMIDE OF POTASH.

This substance, though not yet half a score of years in general use, has become one of the standard remedies, and its consumption is steadily and enormously increasing. It was first introduced as a cure for goitre and enlarged spleen, and as an antaphrodisiac.

To-day it stands at the head of remedies, for epilepsy, asthma, sick headache, and other neuroses. In mania à potu it is invaluable, and in certain forms of insomnia and of irritability of the stomach, bladder, and eye it is excellent. My observation leads me to consider bromide of potash least valuable, if not indeed useless in inflammatory troubles. In epilepsy this medicine, combined with atropine, I have not known to fail in effecting a cure in private practice during the past eight years, and in sick headache I have found the bromide well nigh as successful. In the Western Journal of Medicine, 1869, in an article on this drug, I earnestly commended it to the profession in the treatment of the above diseases, and each year since has confirmed my faith in it.

CARBOLIC ACID

came into professional favor some ten years since, and for a time its employment was almost universal, in diseases local and constitutional, hereditary and acquired, organic and functional, but to-day its use is somewhat restricted. As an antiseptic it still holds its ground with those who believe in antiseptics. As an antidote to animal parasites it is certainly efficacious, and as a vegetable paraciticide it is especially reliable. Internally administered I have thought it did good in prurigo, bromidrosis, and other neuroses of the skin.

CHLORAL HYDRATE

is of more recent introduction than the two preceding. It has been in use since 1869. It has to-day a mixed reputation, but is growing in popularity. It is believed by not a few to be very dangerous, and is said to have produced death in doses even as small as sixty grains. In 1871 I made some satisfactory experiments with chloral on myself and on some of the university medical students, and since then I have unhesitatingly employed it in general practice, giving it in twenty- to forty-grain doses hourly till sleep is produced. In the insomnia of mania à potu, and in the delirium and sleeplessness of continued fevers, and in hepatic and ne-

phritic colic I know of no better remedy. Chloral I regard as our best hypnotic.

GRINDELIA ROBUSTA

has been employed for three or four years. It has proved efficacious in many cases of asthma, but has also failed in many, and its exact value is not yet determined.

DAMIANA

is almost certainly an unmitigated fraud. Three distinct vegetable products are sold under the name. While it may have produced some very remarkable results, these have been brought about, in all probability, through the imagination of the patient. Could a medicine be discovered possessing the aphrodisiac power attributed to damiana half of the arable land of the earth would be devoted to its cultivation, and the supply would then not equal the demand.

JABORANDI

is a newer medicine than either of the others, and has not, so far, come into general use. In two cases of anidrosis, in which I used jaborandi, no results were apparent. Perspiration was finally restored by bromide of potash in one case, and by quinine in the other.

EUCALYPTUS GLOBULUS.

A few years since no vaunted antidote to disease occupied a larger space in the public and professional mind than this. It was claimed to exert infallible preventive and curative power over all forms of malarial poison. Its reputation seems to be rapidly withering, and it may be already counted among our failures. It certainly has some antiperiodic power, but its superiors in this respect are almost innumerable.

GUARANA.

This attracted great attention a few years back in the treatment of bowel diseases and for cephalgia, but to-day it is little spoken of. In some cases of headache guarana acts like a charm, in many others it fails utterly, and its exact application it is impossible at present to define. When bromide of potash fails I next use guarana.

EXTRACT MALT.

My personal experience with this medicine is yet too limited to justify a confident expression of opinion; but it certainly has produced remarkable results in cases of phthisis and chronic syphilis under my care, and I am inclined to regard it as a most valuable addition to our list of remedies.

NITRITE OF AMYL.

This is to-day an accepted antidote in chloroform poisoning, in cerebral and cardiac spasm, and for the relief of asthmatic and epileptic paroxysms there is no doubt of its efficacy.

SALICYLIC ACID

is the last substance to which your attention is asked, though it is not claimed that all the new remedies or even all the possibly good new remedies are included in this report. But little more than two years known to us as a medicine, it has already achieved an immense reputation. Widely diverse opinions are held both as to its curative and toxic effects. Taking it for granted the members of the society are familiar with the literature of the subject, and believing the most profitable reports are those made up from individual experience and opinion, I shall confine my remarks to my own employment of salicylic acid. In nine cases of acute articular rheumatism admitted to the city hospital during my service there last winter salicylic acid proved a perfect cure. These patients were in charge of Dr. Howard, house physician, to whose courtesy I am indebted for notes of them. In every instance the disease was arrested within three days, and in several relief was obtained in from eight to twelve hours. Temperature was reduced in these cases, but only secondarily; that is to say, with the cessation of pain and diminution of swelling, or in other words, with the arrest of the disease the fever went down. In no case, however, was the antipyretic power of the drug apparently a direct result. It was found best to continue the treatment for some days

after the rheumatic symptoms had disappeared, in order to prevent relapses.

The patients took the acid in ten- to twenty-grain doses in capsules every one, two, or three hours; several complained of cough, tickling in the throat, sore throat, and burning in the stomach. A young Irishman thus expressed himself: "Doctor, that stuff beats all the medicine I ever took for the rheumatiz; but them cartridges burns my stomach awful."

Ringing in the ears was produced a number of times, and decided deafness in some cases, and two patients described things as having a "far off sound and appearance" to them. In three patients with chronic rheumatism in the hospital no good results were had from the medicine.

In private practice I have used salicylic in five pronounced cases of acute rheumatism with entire success, and in an additional case salicylic acid, combined with quinine, broke up the disease.

CASE I. A young telegraphist, having a second attack, was much better in twenty-four hours, and was out of bed and at work in three days.

CASE II. A young railroad clerk was freed from pain in twelve hours, and never had a return of it. He continued the medicine for a week.

CASE III. A washerwoman. Within four days was benefited, and in two weeks well.

CASE IV. A lady somewhat advanced in life. For nine months had suffered more or less from rheumatism, during much of this time being in the hands of the needle doctors. I saw her at eight o'clock. A. M. Her suffering was very great, chiefly in the right shoulder. She sat with her arm in a sling, and had slept none all night. Flashes of excruciating pain passed frequently through the limb, causing her to cry out and to shed tears. For three days her suffering had been exquisite, and constantly augmenting. She took ten grains of salicylic acid in a half tumbler of milk every hour till bed-time, when she was quite comfortable, and, after a good sleep, next morning the limb was en-

tirely supple and painless. She continued the treatment three days.

CASE V.—A young lady was relieved in six days.

Some of these patients got ten, twenty, and even thirty grains hourly, and others the same doses at greater intervals. Cases are recorded where nearly an ounce has been taken in the twenty-four hours without injury, and Dr. Bartholow says in his excellent *Materia Medica*: "Salicylic acid appears to be devoid of toxic power." Later writers warn us of terrible danger of collapse from big doses.

Salicylic acid is best given in milk. A powder of ten, twenty, or thirty grains rubbed into a paste, with a teaspoonful of cream, and given in a half tumbler of milk or cream, and administered every one, two, or three hours, I have found the least objectionable method of its employment.

The acid gives the milk a sweetish-sourish taste, and a little tickling and sense of slight constriction may be felt about the throat, and an insignificant cough is not uncommon.

No heart trouble occurred in any of the foregoing cases. In conclusion, I have to say of salicylic acid that it is the first and only remedy that has proved itself at all reliable in the control of acute rheumatism in my hands.

Salicylate of soda has shown no superiority over salicylic acid, and salicine has become so expensive, owing to the failure of the willow crop in Germany, that I have not used it. It is now nearly as costly as quinine, and must be given in forty- and sixty-grain doses, its advocates say, in order to prove efficacious. Some years since, at the University Dispensary I employed this drug quite extensively in intermittents, but got, altogether, unsatisfactory results. It is a very feeble antiperiodic.

LOUISVILLE.

THE present number closes the third volume of the LOUISVILLE MEDICAL NEWS.

Reviews.

Labor Complicated with Uterine Fibroids and Placenta Praevia. From Transactions of the American Gynecological Society. By JAMES R. CHADWICK, M. D. Boston: H. O. Houghton & Company.

In this very interesting article Dr. C. reports eight cases of labor complicated with uterine fibroids and placenta prævia, one of which occurred in his own practice, the others being collected from various sources.

In this connection he mentions an important observation, that fibroids which have their sites low down in the posterior uterine wall are extremely vascular, and so great is the sensation of fluctuation attending them that they are liable to be mistaken for cysts.

When the placenta is attached over the tumor the danger of post partem hemorrhage is greatly increased.

The practical deductions as to the management of cases in which fibroid tumors exist in the pelvis of a character to interfere with delivery are: 1. If seen early enough in pregnancy, to induce abortion or premature labor. 2. If the pregnancy be too far advanced to allow a reasonable chance of the passage of the fetus past the obstruction, then version and the reduction of the head by the trephine or cephalotripsy. 3. The Cesarean section is not admissible unless the tumor, nearly or quite, fills up the pelvis. 4. In some rare cases eradication of the tumor might be feasible.

G.

Popular Science Monthly Supplement. New York: D. Appleton & Co.

The Messrs. Appleton, of New York, have lately issued a supplement to the Popular Science Monthly. This was rendered necessary by the utter impossibility of that journal doing justice to the immense number of papers on scientific subjects coming from the pens of European and American writers. Both its original and eclectic departments were crowded to the overflowing. The supplement is intended to correct this difficulty.

It is issued monthly; has about a hundred pages in double columns, and smaller type than the parent magazine. It is an admirable publication. It can scarcely receive too much praise. With the field of the world to choose from, Prof. Youmans culls with exquisite care. The following are the contents of last month's issue:

Excavations in the Roman Forum and on the Esquiline, by Gaston Boissier; A Leaf of Eastern History, by the late Nassau W. Senior; Submarine Cables and their Manufacture; Genius and Vanity; Christianity and Patriotism, by the Rev. R. F. Littledale; Sir Walter Scott and his Dogs, by W. C.; The Soul and Future Life, by Frederick Harrison; The Dying Out of the Polynesian Races—Maoris and Kanakas, by Sir David Wedderburn; Beer, and the Temperance Problem, by Charles Graham; The Mystery of the Pyramids, by Richard A. Proctor; Is the Moon Dead? Cool Advice; Brief Notes.

The price of the supplement is 25c. a number, or \$3 a year. Subscribers to the Popular Science Monthly (which is issued at \$5 a year) will get the two publications by remitting \$7.

Rare Forms of Umbilical Hernia in the Fetus.

Based on an examination of specimens contained in the Warren Museum of the Harvard Medical College. From Transactions of American Gynecological Society. By JAS. R. CHADWICK, M. D. Boston: H. O. Houghton & Co.

The most frequent and generally admitted cause of umbilical hernia is deficient development of the abdominal plates; but another very important agency in its production is an abnormal persistency of the omphalo-mesenteric duct. The author refers to the interesting fact noticed by Ahlfeld, that congenital umbilical hernia is frequently coincident with *atresia ani*, the latter malformation being caused by the displacement of the intestines into the hernial sac.

He also mentions the assertion of Foerster that umbilical hernia is more common in the male than in the female fetus, which calls to mind the saying of Aristotle: "That the operations of nature tend to perfection in all things, even in the formation of human beings; but if a male can not be pro-

duced owing to the resistance of matter, then a female is the result."

Displacements of the liver are produced in the same way as those of the intestines.

G.

Miscellany.

HOW TO KEEP COOL.—Next to keeping quiet, and as much out of the glare as possible, is the use of cool water in profusion, and that not only to drink, though water-drinking is probably beneficial. Nature makes very few blunders, and the dislike of repeated draughts of water, which is shared, we believe, even by some physicians, is as irrational as would be a dislike of stokers to put on fuel where fire is needed. All the tropical races in summer drink hard of water, even the Bengalese, who, by pouring it straight into their throats, lose all its pleasant coolness in the mouth. The New York Times, we see, objects to ice-water, but the New York Times is only laughing at the teetotalers through a *bizarre* use of their alarmist phraseology. Water iced till it trembles on the verge of solidification, and taken after a full meal, may injure some weak stomachs; but water iced till it has the temperature of a cool spring will hurt nobody at any time or in any quantity whatever that an ordinary appetite is likely to crave. One would think, to hear some people talk, that thirst was in itself a good, instead of a symptom of exhaustion. But water has other qualities than the allaying of thirst. It has a permanent determination to evaporate, which Nature obeys, and, as it can not evaporate without heat, it positively diminishes in the process the heat of our rooms. Pans of water, the cooler the better, stationed about a bedroom will positively reduce, not the sensation of heat, but the heat itself. Let any body who doubts that have his tub, with its shallow depth and wide surface, filled with spring-water, or water with a good block of ice in it, and placed in his bedroom, and mark in half an

hour how many degrees the thermometer has fallen. It ought to be 6° at least, and will be 8° if he is not stingy with his ice, and the improvement, equivalent in comfort to a fire on a winter's night, will last for hours. If that is still insufficient, let him throw up his bedroom windows, fasten an old blanket or traveling-rug across the space, and drench that well with water, and in five minutes the air in the room will be reduced to that water's temperature. Never mind about breeze. The air will seek the cooler place of itself, without being driven in from the outside, and the temperature will decline almost instantaneously to a reasonable point. Not one of those expedients necessitates any architectural improvements, or any change of habits, or any expense whatever, though of course a shilling or two laid out on ice will make the improvement more rapid, and in the case of a sick-room, or of any one who really suffers from heat—suffers as in sickness, we mean—will be money well laid out. And so in the case of little children, especially, will a few shillings on the sheet of woven cane—we have unfortunately forgotten the trade-name—which is used in the hottest corners of the East Indies and China for pillow-cases and sofa-covers. The silica with which this material is coated will not get warm, and every other covering for beds or pillows with which we are acquainted will. It keeps perfectly dry, can not get dirty, and can be procured as soft as any covering that ever was placed upon a mattress. There is hardly any luxury like it in intense and stifling heat, and we have known sick people, half maddened with heat acting on exhausted frames, sleep on it when sleep seemed otherwise unprocurable. With plenty of wholesome water, wet blankets for window-curtains, and a sheet of cane, no one in London ought to be rendered sleepless by heat, or indeed, unless he persists in gorging himself with the food which he needs only in cold weather, to suffer any appreciable discomfort.

We may add one word about bathing. The tendency of human nature in hot weather is to bathe in cold water, and Nature, as we

said before, seldom blunders; but Nature sometimes provides rather for health than comfort. A bathed man can work or walk in hot weather much better than an unbathed man, because he will perspire more freely, which Nature, not having considered the question of clothes fully, intended him to do. But it is extremely doubtful whether bathing at night tends to produce sleep so much as rheumatism from chilled perspiration. The head is the better for sponging, but the body, more especially in an artificially-cooled room, is the better for being dry, with the blood as far from the surface as possible, and the whole man as quiescent and torpid as the heat will allow him to be.

—*Spectator; from Pop. Science supplement.*

TOBACCO.—Tobacco is the common name of the plants comprised in the monopetalous genus *nicotiana*, order *solanacea*. The species and its varieties supply the different kinds of tobacco now in general use in some form or other all over the globe; their characteristics, so well known, being those of "coarse, narcotic, annual herbs, with simple leaves and terminal flowers, corolla white, tinged with green or purple." It has been said that the birth-place of the weed is unknown, and the same appears to be the case respecting its name. According to Humboldt, the term was used by the Caribbees to designate the pipe from which they smoked; which term, having been transferred by the Spaniards from the pipe to the herb itself, has come in time to be generally adopted. Differing accounts say that the name is derived from the province of Tabaca, in St. Domingo, whence it was introduced into Europe in 1559 by a Spanish grandee. Shortly afterward, through the agency of Jean Nicot, French ambassador at Lisbon, it was taken to Paris, and in his honor the genus has since been known, with its derivatives *nicotine*, *nicotianin*, etc.; bad names, all of them.

"As this introduction of the herb into Europe is about the commencement of authentic history on the subject, it is interest-

ing to recall the opposition in the face of which the taste for its enjoyment advanced so rapidly. The first form in which it seems to have been used there was as a powder—*snuff*, in fact; in which tittillatory condition its advantages are said to have been early recognized by that enterprising patroness of the fine-arts—snuffing thrown in—Catherine de Medici. It was not till some time after this that *smoking* began; and while the absolute prohibition of the weed was general; while kings cursed and railed against it, and sultans made it a capital offense; though priests denounced it as sinful, and popes anathematized it; though physicians declared it hurtful, and the mild Muscovite gently excised the nasal organ of the devotee; its use nevertheless extended far and wide, and kingly and priestly wrath were as futile as the average parental authority of the present day is when arrayed against the average small boy in the matter of his surreptitious indulgences in the soothing, not to say sickening, weed. In other words, it may be said to have ended in *smoke*.—*Prof. A. M. Cunningham, before the Southern Association of Underwriters.*

THE INJURIOUS EFFECTS OF HIGH-HEELED SHOES.—The remarks of Dr. Onimus, of Paris, upon the injurious effects on women of wearing shoes with high heels, are timely, and deserve to be seriously considered. As the fashion goes, the heel of the boots is not only high, but narrow and inclined forward, so that the distance between the heel and the point of the foot is lessened, and the foot appears to be smaller than it really is. The effect of this is to remove the weight of the body from its natural support, the prominence of the *os calcis*, and project it forward on the plantar arch. Hence often acute pain in the sole of the foot, and serious injuries to the anterior joints. The toes, instead of the heel, first touch the ground, becoming permanently flexed and pressed together; partly in consequence of the narrowness of the front part of the boot, partly in consequence of the over-action of the

flexors of the toes. Other muscles are also involved; indeed, all those which are concerned in maintaining the erect attitude of the body. In nervous temperaments hysterical symptoms have been produced by the pain and irritation. Grave constitutional troubles are not infrequently the result of persistence in this ridiculous fashion.—*Pop. Science supplement.*

Selections.

Sputum in Phthisis.—The sputum produced by inflammation of the interstitial tissue of the lungs presents differences even to the naked eye from the rusty glutinous sputum which has from all time been looked upon as a pathognomonic symptom of ordinary pneumonia. The sputum of ordinary pneumonia consists of the coloring matter of blood corpuscles, emigrated from the pulmonic capillaries, mixed with the albuminous exudation of the alveoli and bronchioles, while the sputum of interstitial pneumonia is pure blood mixed with the muco-serous secretion of the air passages containing an abundance of cells. The swelling and thickening of the peribronchial and interalveolar tissue compresses the blood-vessels running through it, strangulates them, so that under pressure of the blood current from behind they are ruptured, and the escaping blood makes its way through the walls of the bronchioles and infundibula, which are now softened from interference with their nutrition.

The sputum thus in the different forms of parenchymatous pneumonia presents as shapeless masses, more or less mixed with blood or striped with blood, or even all pure blood. Sometimes it is bright red, or brownish or bluish red, and often it is in great quantity. In the later course of the disease it takes the glutinous consistency, the color and often also the fetid odor of blood mixed with pus.

According as the disease appears acute or chronic in the first place; according as the disease process is superficial or interstitial; or, finally, according as inflammation of the framework of the lungs associates itself with the croupous pneumonia, will the sputum change its condition and appearance. Should the inflammation, complicated by implication of the interstitial connective tissue, result in the formation of an abscess, the sputum will become bloody only when a vomica is about to burst into a bronchial tube. But a sputum which is bloody or is striped with blood, instead of being rusty from the beginning of the attack, is a *symptoma praecox*, especially

in drinkers (Rindfleisch), of threatening gangrene of the affected part of the lungs. In caseous or pyemic pneumonia the sputum often becomes bloody only after the disease has been in progress for several days, and the swelling of the interstitial tissue has reached a certain grade. At this time it is seldom absent, and is then one of the first signs. Bloody sputum often precedes an acute attack of caseous pneumonia. It is especially remarkable, this bloody, bluish, red septum, in cases of so-called typhus *infectious* pneumonias. The author never saw a case of this disease without the presence of this sputum, even in the first days of the disease.

While it may happen in genuine croupous pneumonia that a blocked-up capillary will burst and let its blood mingle with the exudation in the alveoli, yet this accident is one of the greatest exceptions. "I have seen," says Jürgensen, "at least one thousand cases of pneumonia in the past twelve years, and I remember no single *uncomplicated* case in which there could be any question of hemorrhage." When blood is present it usually shows a mistaken diagnosis; the disease is mostly interstitial pneumonia. Among the complications which may produce bloody sputum are scurvy, purpura hemorrhagica, and similar affections, among which variola is especially mentioned. But these are hemorrhages which only accidentally affect the vessels of the diseased lungs and may be present also in the skin. From all time sputum which is bloody or is mixed with blood has been looked upon as a bad sign in pneumonia, and the statement of Aufrecht that this sputum is of no special significance will not be accepted by any experienced physician.—*Tr. of Professor Whitaker, in Cincinnati Lancet.*

Indigestion.—Indigestion, though often accompanied by an unpleasant sensation of fullness or weight in the epigastrium, by heartburn, water-brash, eructations of gas, etc., commonly has no serious anatomical cause, and results from functional derangements which are easily rectified if the proper remedies are employed. But from difficulties attending the examination of the stomach the exact pathological state in most cases of indigestion can not be readily ascertained; so that physicians are compelled to prescribe without that full and clear diagnosis which they are able to make in most other diseases.

The following treatment has in my practice probably relieved nine tenths of those cases of dyspepsia which were not due to organic disease:

B Bismuthi subcarbonatis $\frac{3}{4}$ ij;
Pepsini (vel Lactopeptini) ... 3 jss. M.

Divide in crustulas No. xij. Signe. Take one wafer before each meal, and twenty drops of the following in wine or water after each meal:

R Tincturæ nucis vomice..... } aa $\frac{3}{4}$ j. M.
Acidi muriatici (dilut.)..... }

In cases attended by constipation and eructation of gas the following will be found useful:

R Pulveris carbon. ligni }
Magnes. calcinat..... } aa $\frac{3}{4}$ j;
Pulveris rhei..... } $\frac{3}{4}$ ij ad $\frac{3}{4}$ ss.

M. S. Take half a teaspoonful to one teaspoonful, in simple syrup or any convenient vehicle, three times daily. Of course, whatever the medicines employed, proper directions should be given in regard to the diet of dyspeptics.—*Prof. J. L. Smith, in Virginia Medical Monthly.*

Constipation.—In habitual constipation of the adult, in which the use of fruits and the most laxative articles of food often has little effect in producing evacuations, the following pill will be found very efficient, while its purgative effect is not severe and is commonly without pain:

R Ext. belladonnae..... gr. iij;
Ext. nucis vomic. gr. vj;
Podophyllin gr. vj-ix;
Ext. aloes gr. xvij.

M. Div. in pil. No. 18. S. Take one when required.

The habitual constipation of infants is a common and troublesome complaint. It can sometimes be remedied when a wet nurse is employed, by the change from one nurse to another, and often by giving a little oatmeal one or more times daily. It is better to employ enemata of water, or water with sweet oil and molasses, for habitual use than to employ even the mildest preparations of those purgative drugs which are in ordinary use, and which produce catharsis by their stimulating or irritating effect upon the surface of the intestines; since the irritation which they cause is apt to impair the function of the gastro-intestinal mucous membrane, or the intestines may become so accustomed to them that it will be found necessary to increase the dose in order to obtain the desired result.

The treatment which I am at present employing for a decidedly strumous child, aged four years, in the New York Foundling Asylum indicates the manner in which, in my opinion, the habitual constipation of young children can be best overcome. When I commenced attending in this institution, in May of the present year, I was informed that this child, who had scrofulous inflammation of one of the joints, and a greatly enlarged and pendulous abdomen, from a lack of tonicity and action in the muscular fibers, seldom had a stool without the use of a cathartic or a elyster. The circumference of the body, measured over the umbilicus, was twenty-three inches, and the abdomen was soft and painless on pressure. The following prescription was ordered:

R Syr. calcis lactophosphat 1 part;
Olei morrhuae 2 parts.

M. S. Give two teaspoonsfuls three times daily; rub the entire abdominal surface three times daily with cod-liver oil, making the inunction gently but firmly with the extended fingers.

From the day on which this treatment was commenced the abdominal protuberance began to subside, and stools have occurred regularly without further aid. In the ordinary habitual constipation of young children I think that the muscular coat of the intestines needs stimulating to produce more active peristaltic and vermicular movements; and I know no safer and better way to produce this than by kneading and rubbing, just as we make the uterine fibers contract in parturient women. It insures more thorough manipulation if the nurse is directed to apply some kind of oil or other medicament.

Having on different occasions noticed a laxative effect from the syrup of the lactophosphate of lime and cod-liver oil, either given in the proportion stated above or half and half, employed to improve the general nutrition in the treatment of the diathetic diseases, I now usually order the two in a mixture, to be given three times daily in connection with the rubbing, for the habitual constipation of children. The syrup of the lactophosphate of lime is not officinal, unless recently, but it is found in the shops, each drachm containing two grains of the salt. It is pleasant to the taste, being a little tart from the presence of free lactic acid and, I am informed also, of dilute muriatic acid, which is added to insure better preservation. If a more active laxative is occasionally required, I prefer the following:

R Sodæ phosphatis..... 3j;
Syr. calcis lactophosphatis.... $\frac{3}{4}$ ijss. M.

Give one teaspoonful, more or less, according to the age, as often as may be required. The two phosphatic salts, if properly prepared, dissolve without precipitation, and form a mixture, which is readily taken by the patient.—*Ibid.*

Infantile Diarrhea.—The hot season is approaching, during which the diarrhea of infants is the most common and fatal malady of the cities. It is very important, in order to its successful treatment, that its cause be removed so far as possible; for by the continued operation of the cause the diarrhea is obviously more stubborn and persistent. Therefore proper directions should be given in reference to the hygienic management of the patients, and especially as concerns the diet.

The treatment of this disease by small doses of calomel combined with Dover's powder has been very generally and properly discarded in New York. The more intelligent physicians prescribe opium and

bismuth, with or without pepsin or lactopeptin, and sometimes in combination with chalk. The following prescriptions have been largely and successfully employed in the New York Infant Asylum and in private practice:

R Tinct. opii..... git. xvij;
 Bismuth. subnitrat..... $\frac{3}{5}$ ij;
 Syr. simplic..... $\frac{3}{5}$ ss;
 Mistur. crete..... $\frac{3}{5}$ jss. M.

Teaspoonful every three hours to a child of one year.

R Tinct. opii..... gtt. xvij;
 Bismuth. subnitrat..... $\frac{3}{5}$ ij;
 Pepsini (vel Lactopeptini)..... $\frac{3}{5}$ jss;
 Syr. zingiberis..... } aa $\frac{3}{5}$ j.
 Aq. menth. piperit..... }

To be administered in the same dose as the foregoing. In severe cases the dose may be given for a time every two or two and a half hours.

Vomiting is often a prominent symptom in this malady. It sometimes commences before the diarrhea, and often continues after the latter ceases. It may be controlled by the above prescriptions, and often also by lime-water given in an equal quantity of milk, to which double or treble as many drops of Bourbon whisky or of brandy are added as the infant is months old. A few drops of chloroform, in cold water, will also sometimes control the vomiting. Carbolic acid, given in doses of one tenth to one sixth of a drop, has been recommended by writers for the nausea; but I have not observed any decided benefit from its use in the majority of instances in which I have had an opportunity to witness its effects. But there is another remedy which I can recommend, which is seldom used for this purpose, and the dose of which is so small that most physicians will probably think it inert; viz., one tenth to one sixth of a drop of tincture ipecacuanha given to the infant, in a teaspoonful of cold water, every hour or second hour till the nausea ceases. The reports of its use in two of the institutions of New York have been favorable. A physician of New York, exact in his observations and cautious in his statements, has informed me that he recently relieved vomiting in an adult, when other remedies had failed, by one-drop doses of the same medicine.

The "summer complaint" of infants is in most instances an entero-colitis, the inflammatory lesions being especially marked in the descending colon, while the gastric mucous surface, even in those cases in which nausea is a prominent symptom, usually shows no anatomical change apparent to the naked eye. In certain cases, in which the diarrhea is not sufficiently controlled by medicines administered by the mouth, injections of one tenth to one eighth of a grain of nitrate of silver in each ounce of mucilage will be found useful—*Ibid.*

Uses of Cinchona and Quinine.—There are few articles in the *materia medica* which physicians would part with more reluctantly than quinine, and of late years its use has largely increased. It is not only given in more diseases than formerly, but in greater doses. It is now prescribed as an apyretic in many of those maladies in which *veratrum viride* and *aconite* were formerly employed, since, while in large doses it reduces the pulse and temperature, it does not depress like those agents. It is now commonly prescribed in this city (New York) in severe pneumonia, child-bed fever, etc., so that from twenty to forty or fifty grains are given in twenty-four hours, in five- to fifteen-grain doses, taking the place of the depressing apyretics formerly used, and apparently aiding materially in arresting the disease. This increased demand increases the price of the drug, so that the poor often feel the expense of it too burdensome if the sickness be of considerable duration. If the price is still further advanced, quinine will be placed beyond the reach of many families, except in diseases of short duration. Therefore it seems to me the duty of physicians to prescribe other and cheaper medicines when they will answer nearly or quite as well, reserving the quinine for graver cases and cases in which no adequate substitute can be prescribed. In some of the New York hospitals and dispensaries sulphate of cinchonia is dispensed in place of quinine, being given in the same manner and in doses one third larger. It has been found an efficient substitute for quinine in the treatment of malarial diseases, neuralgias, etc.

Twenty years ago, when I was one of the physicians to the Northwestern Dispensary, the apothecary introduced a mixture which the whole medical board prescribed, and which seemed to be preferable in many cases to quinine, while it was less unpleasant to the taste, and was comparatively inexpensive. Of late years I recognize the same medicine as a popular nostrum, having the name "Indian cholagogue." It will be seen from its composition, and experience shows, that it is an efficient substitute for quinine, as a tonic and in the treatment of malarial and neuralgic diseases. By adding a teaspoonful of it to a certain number of teaspoonfuls of water, it can be readily administered to young children:

R Quinin sulphat..... $\frac{3}{5}$ ij;
 Pulv. cinchonae..... $\frac{3}{5}$ iv;
 Tinct. sanguinar. sat..... $\frac{3}{5}$ iv;
 Syr. simplic..... Oj;
 Strychnie grs. iij;
 Acid sulphur. aromat..... $\frac{3}{5}$ ij;
 Spts. vini..... $\frac{3}{5}$ ij;
 Aq. puræ..... $\frac{3}{5}$ ij;
 Ol. gaulther..... } aa $\frac{3}{5}$ j. M.
 Ol. menth. piperit..... }

One difficulty in the employment of the sulphate

of quinia and cinchonia is their extreme bitterness. This property sometimes prevents the proper employment of these salts, especially for children. No vehicle with which I am acquainted so well conceals their bitterness without impairing their efficacy as the following, which is prepared by one of the leading pharmaceutical firms of New York, who have given it the name elixir adjuvans. The sulphate, whether of quinia or cinchonia, is suspended in it, no acid being employed. I have obtained indirectly from one of the firm the formula for this elixir:

R. Cort. aurant..... 3 ij;
Pulv. semin. coriand..... } aa 3 j;
Pulv. semin. carui..... } aa 3 j;
Pulv. cort. pruni Virginian... 3 iv;
Pulv. radicis glycyrrhiz..... 3 vj;

Menstrum.

Alcohol..... part j;
Aqua..... parts ijss;

Percolat..... five pints.

Add: Syr. simplic..... } aa Oijss.
Aqua..... } aa Oijss.

Three grains of the sulphate or under may be prescribed in each teaspoonful of this elixir, and five grains in each dessertspoonful.—*Ibid.*

Mercury in Biliousness.—A very important matter in the treatment of biliousness is the question of the administration of mercury. In an ordinary bilious attack a mercurial pill is almost essential, and often free purgation without a mercurial leaves the condition unrelieved until a mercurial is given, when all goes well. This fact is well known clinically. The apparent conflict betwixt this fact and the results of experimentation—that mercury reduces the secretion of bile by the liver—has troubled many persons; but really there is no difficulty in the matter. Mercury sweeps away the bile in the upper bowel, and so brings away bilious stools, especially when an excess of bile is circulating in the intestino-hepatic circulation. Such an action reduced the amount of bile passing out of the gall-duct in animals experimented upon, because it removed the excess of bile going round and round, and thus apparently checked the secretion of bile by the liver. Mercury is then a true cholagogue, and its threatened deposition is now averted. Dr. Murchison thinks too that mercury has an action in inducing disintegration in the liver, as it helps to remove growths, notably syphilitic gum-mata and effused fibrin, by rendering the material more easily taken up by the lymphatics. This is a very ingenious suggestion. Certain it is that mercury gives great aid to a liver which is in difficulties, and it is equally certain that if persons who suffer from biliary troubles take or have taken mercury freely, it is impossible to treat them without a little of that agent. It is well, though, to keep the amount low,

and to give a pill containing a little mercury at bed-time, and follow it up with an alkaline-saline purge in the morning. It is pretty apparent from clinical observation that mercury is rather indicated when there is an excess of bile acids present. In cases where there is abundance of lithates it does less good, and is apt to do harm if the kidneys are not in their integrity. It is not unimportant to remember this. In all forms of biliousness, too, there is defective oxidation, and mercury and alkaline-salines are often more useful even to patients suffering from co-existent debility and anæmia than mineral acids and quinine, “the strength, flesh, and color returning under what at first sight might have appeared a lowering treatment.” Here I entirely agree with Dr. Murchison; and even after mineral acids and tonics are admissible it is well to continue the morning purgation. Iron rarely suits these patients, and should be withheld until the liver is once more acting efficiently and has thoroughly recovered its tone. Perhaps of all tonic agents strychnine is the one best adapted to the bilious. It greatly relieves the depression, and it is well to combine it with the nitro-hydrochloric acid.

Such is the treatment best adapted to the bilious attack where the bile acids are the chief cause of disturbance.—*Dr. J. Milner Fothergill, in Philadelphia Medical Times.*

Nitrous Oxide Gas.—Dr. Gibbons says nitrous oxide gas is preferable to ether and chloroform as an anaesthetic, because (1) it is much more easily administered, and is not unpleasant to the patient; (2) it is more speedy and certain in its action, exhibiting its effect in a definite time; (3) its anaesthesia is as perfect as that from ether and chloroform, if not more so; (4) it has no disagreeable after effects; (5) it is absolutely safe, limiting its paralyzing power to the cerebrum and sensory tract, and not invading the cerebellum or medulla oblongata; (6) it is adapted to all brief surgical operations; (7) its anaesthetic effect may be prolonged by renewal of inhalation, say for five or ten minutes, but should not be prolonged indefinitely; it is therefore not adapted for operations requiring a long time, such as ovariotomy.—*Pacific Med. and Surg. Jour.*

Iodoform Pencils.—In the case of superficial ulcerations, M. Gallard, physician to La Pitié (Paris Médical), introduces a pencil of iodoform into the cervix, and maintains it there by a plug of wadding. To prepare these pencils, powdered iodoform is made into a paste by means of mucilage. Cylinders are made four centimetres (about one inch) in length, each containing one gramme (fifteen and a half grains) of iodoform; they are dried in the air, and preserved in a bottle kept from the light.

